



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/079,840
	Filing Date	February 19, 2002
	First Named Inventor	Wellman et al.
	Art Unit	1771
	Examiner Name	Boyd, Jennifer A.
Total Number of Pages in This Submission	Attorney Docket Number	4082-000001

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <b>return receipt postcard</b>		
<table border="1"><tr><td>Remarks</td></tr><tr><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 C.F.R. 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 C.F.R. 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate of this sheet is enclosed.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christopher A. Eusebi, Registration No. 44,672
Signature	
Date	June 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/079,840  
Filing Date: February 19, 2002  
Applicant: Scott A. Wellman, et al.  
Group Art Unit: 1771  
Examiner: Boyd, Jennifer A.  
Title: STRUCTURAL COMPOSITE  
Attorney Docket: 4082-000001

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**REPLY TO ADVISORY ACTION**

Sir or Madam:

In response to the Advisory Action mailed May 24, 2004, Applicant submits a replacement set of claims including the text of withdrawn claims 11-13 for Applicant's Response to the Office Action dated February 2, 2004. Applicant thanks Examiner for providing the one month period in which to provide the withdrawn claim text, as the omission was a bona fide error. Accordingly, no additional fee is included with this reply. If this is incorrect, please deduct the appropriate extension of time fees from Deposit Account No. 08-0750.

Applicant has corrected select "discontinuous" to "continuous" to conform those passages with the claims and the remainder of the Remarks section in the Response to the Office Action dated February 2, 2004.

**Amendments to the Claims** begin on page 3 of this paper.

**Remarks** begin on page 8 of this paper.